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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DIC 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

6	266345								
	OMB APP	ROVAL							
OMB Number: 3235-00									
	Expires:	May 31, 2005							
	Estimated avera	ige burden							
	hours per respo	nse[[[[]]] 6[0]0							

SEC USE ONLY

Prefix

Name of Offering (check if this is an amendment and name has changed, and indicate change)	
Atlantic Polyplants, Inc.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	RECEIVED
Type of Filing: New Filing Amendment	
\langle no	T 0 6 2003 >
A BASIC IDENTIFICATION DATA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change)	181/49
Atlantic Polyplants, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Numb	per (Including Area Code)
1181 S. Rogers Circle Unit 14, Boca Raton, Fl33487 561-	989-8810
	ber (Including Area Code)
(if different from Executive Offices)	
same as above	
Brief Description of Business	
To establish an interior plant maintenance & leasing bus	iness in Coordi
Type of Business Organization	Georgi
corporation limited partnership, already formed other (please specify):	PROCESSED
business trust limited partnership, to be formed	LUCATORE
Month Year	OCT 0m 2002
Actual or Estimated Date of Incorporation or Organization: 016 013 Actual Estimated	(OCT 07 2003
Jurisdiction of Incorporation or Organization: (Enter two-letter UIS Postal Service abbreviation for State:	THOMSON
CN for Canada; FN for other foreign jurisdiction)	EINIANOIN

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230⊡01 et seq⊡or 15 U⊠©□ 77d(6)□

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering A notice is deemed filed with the US Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where To File: UIS Securities and Exchange Commission, 450 Fifth Street, NW Washington, D © 20549 □

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed \(\sigma\) Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures \(\sigma\)

Information Required: A new filing must contain all information requested \Box Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B \Box Part E and the Appendix need not be filed with the SEC \Box

Filing Fee: There is no federal filing fee [

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form \Box Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made \Box If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form \Box This notice shall be filed in the appropriate states in accordance with state law \Box The Appendix to the notice constitutes a part of this notice and must be completed \Box

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Paragraphy who respond to the collection of information contained in this form are not

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2□	Ent	er the inf	ormation r	equest	ted for the fo	llowin	ıg:						
	•			•			as been organized w	vithin t	he past five years;				
		-					-		•	of. 10	% or more of	a clas	ss of equity securities of the issuer
	•				• •		orate issuers and of		-				-
						_	nership issuers□	F	S		, ,		,,
					, p	- r							
Che	ck B	ox(es) the	at Apply:		Promoter	×	Beneficial Owner	X	Executive Officer	×	Director		General and/or Managing Partner
		Kall	an, M	ark							· · · · · · · · · · · · · · · · · · ·		
Full	Nan	ne (Last n	ame first,	if indi	vidual)								
Busi	iness	1181 or Resid	S. R ence Addre	oge ess (rs Cir Number and	cle Street	, Unit 14 t, City, State, Zip C	, Bo	oca Raton,	Fl	33487		
Che	ck B	ox(es) tha	at Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Nan	ne (Last n	ame first,	if indi	vidual)				· ·	,			
Busi	iness	or Resid	ence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)					
Che	ck B	ox(es) tha	at Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Nan	ne (Last n	ame first,	if indi	vidual)								
Busi	ness	or Resid	ence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)	-		····		
Che	ck B	ox(es) tha	at Apply:	. 🗆	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Nan	ne (Last n	ame first,	if indi	vidual)	<u> </u>	-		. v · u				
Busi	ness	or Resid	ence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)					
Chec	ck B	ox(es) the	at Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Nan	ne (Last n	ame first,	if indi	vidual)								
Busi	ness	or Resid	ence Addre	ess (Number and	Street	c, City, State, Zip Co	ode)		.,	<u>.</u> , .		
Chec	ck B	ox(es) tha	at Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Nan	ne (Last n	ame first,	if indi	vidual)				· ·				
Busi	ness	or Resid	ence Addre	ess (Number and	Street	, City, State, Zip Co	ode)					
Chec	ck B	ox(es) tha	at Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Nan	ne (Last n	ame first,	if indi	vidual)				·				
Busi	ness	or Resid	ence Addre	ess (Number and	Street	, City, State, Zip Co	ode)					

(Use blank sheet, or conv and use additional conies of this sheet, as necessary)

								<u>-</u>				
1□ Hee the	a iogua r gol	d or does t	ha issuar i	ntand to sa	11 to non a	aaraditad i	nvostore ir	this offer	ina9 muumm		Yes	No
1 11 11 11 11 11 11	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□											
2□ What i	···											
										^Ⅲ \$ N/ Yes	A No	
3 Does the offering permit joint ownership of a single unit?												
commi If a per or state	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering leader securities in the offering securities securities in the offering securities s											
Full Name (Last name first, if individual)												
N/A Business or Residence Address (Number and Street, City, State, Zip Code)												
3 30111400 01	100100100	11461600 (11		<i>z</i> 0 . 00, 0.	, 5.4.0, 2	p =====						
Name of As	Name of Associated Broker or Dealer											
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	or check	individual	States) III								l States
AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH [TN]	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	[3C]	الطاق	[114]		[01]	<u>V1</u>	(VA)	WA	<u> </u>		W I	LIK
Full Name	Last name	first, if indi	ividual)									
Business of	r Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)						
Name of As	sociated Br	oker or De	aler					· · · · · · · · · · · · · · · · · · ·				
				_							_	
States in W												
(Check	"All States	" or check	individual	States) III			<u>manman</u>					States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK W1	OR WY	PA PR
Full Name (
Full Name (Last name	msi, n mui	viduai)									
Business of	r Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE SC	[NV]	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA
RI	SC	SD	TN	TX	UT	\overline{VT}	VA	WA	WV	WI	\overline{WY}	PR

1 🗆	Enter the aggregate offering price of securities included in this offering and the total amount already sold Enter "0" if the answer is "none" or "zero! If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged			
	Type of Security	Aggregate Offering Price	An	ount Already Sold
	Debt IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	0	\$	0
	Equity ប្រាកាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្យាយប្រាក្	900,000	\$	_0
	Common Preferred	,		
	Convertible Securities (including warrants)	0	\$	0
	Partnership Interests		\$	0
	Other (Specify)	0	\$	0
	Total ————————————————————————————————————	900.000	\$	_0
	Answer also in Appendix, Column 3, if filing under ULOE□	, -		
2⊔	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases Tor offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero "			Aggregate
		Number Investors		ollar Amount of Purchases
	Accredited Investors Thinning the manufacture of the control of th	0	\$_	0
	Non-accredited Investors and an accredited Investors and accredited Inv	0	\$_	
	Total (for filings under Rule 504 only)		\$	_0
	Answer also in Appendix, Column 4, if filing under ULOE□	•		
3□	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering \Box Classify securities by type listed in Part C — Question $1\Box$			
	Type of Offering	Type of Security	D	ollar Amount Sold
	Rule 505	0	\$_	0
	Regulation A	0	\$	0
	Rule 504		\$_	
	Total		\$	0
4	a \Box Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering \Box Exclude amounts relating solely to organization expenses of the insurer \Box The information may be given as subject to future contingencies \Box If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate \Box			
	Transfer Agent's Fees @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@		\$	
	Printing and Engraving Costs		\$_5	00
	Legal Fees and management of the legal fees and the		Syn	լ. ՌՈ Ո
	Accounting Fees		\$, 000
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$.000
	Total distribution of the control of		\$	20.500

	b□ Enter the difference between the aggregate offering price given in response to and total expenses furnished in response to Part C — Question 4a□This difference proceeds to the issuer [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	e is the "adjusted gross		_{\$} 879,500
i	Indicate below the amount of the adjusted gross proceed to the issuer used or preach of the purposes shown If the amount for any purpose is not known, furtheek the box to the left of the estimate IThe total of the payments listed must exproceeds to the issuer set forth in response to Part C — Question 4 b above I	rnish an estimate and ual the adjusted gross		
		• •	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees and		\$	S
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of machinery and equipment		\$	\$
	Construction or leasing of plant buildings and facilities		\$	\$
	\$	□\$		
	Repayment of indebtedness			
	Working capital (1991)			_
	Other (specify):			
			\$	\$
	Column Totals (1997) Totals (1		\$	□\$ 879,500
	Total Payments Listed (column totals added)		□\$_8.7	9,500
ign	e issuer has duly caused this notice to be signed by the undersigned duly authorized nature constitutes an undertaking by the issuer to furnish to the US Securities a information furnished by the issuer to any non-accredited investor pursuant to	nd Exchange Commissi	on, upon writter	
ssu	uer (Print or Type) Signature	Da Da	nte	
	Atlantic Polyplants, Inc.		october2,	2003
lan	me of Signer (Print or Type) Title of Signer (Print or T		JUDICE E	
	Mark Kallan President			
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